



Gaithersburg Skate Park Registration

506 S. Frederick Ave., Gaithersburg, MD 20877

Ph: 301-258-6359 Fax: 301-948-8364

www.gaithersburgmd.gov/skate

skatepark@gaithersburgmd.gov

I know, understand, and acknowledge that there are risks associated with the use of City buildings/equipment/personal property and here by assume any and all risks and hazards associated therewith, and shall be solely responsible for safe and reasonable use.

I hereby irrevocably waive any and all claims against the City of Gaithersburg or any of its officials, employees, or agents for any bodily injury (including death), loss or property damage incurred as a result of using the buildings/equipment/personal property and hereby irrevocably release and discharge the City and any of its officials, employees, or agents from any and all claims of liability arising out of or associated with the use of the buildings/equipment/personal property.

I shall indemnify and hold harmless the City and its officials, employees, and agents from and against any and all liabilities, judgments, settlements, losses, costs, or charges (including attorney's fees) incurred by the City or any of its officials, employees or agents as a result of any claim, demand, action, or suit relating to any bodily injury (including death), loss or property damage caused by, arising out of, related to or associated with the use of the buildings/equipment/personal property by its members, employees, agents, or invitees. I also consent to the City's use of any photographs taken or video tapes made of the program.

The City of Gaithersburg transfers all risk to _____
Print Participant's Name _____ DOB (mm/dd/year) _____

Signature (parent/guardian if under 18)

Printed Name (parent/guardian if under 18)

Liability Waivers MUST be signed by the parent/guardian of each participant under the age of 18.

You may NOT sign for another person's child. Anyone without a signed waiver will not be allowed to use the park.

REGISTRATION & EMERGENCY CONTACT INFORMATION

☐ Check here if new address/phone since last time registered.

Payer's Last Name _____ Payer's First Name _____

Address _____ City/State/Zip _____

Home Phone _____ Work Phone _____ City Resident ☐ Nonresident ☐

Emergency contact number _____

☐ YES! I would like to be added to the Skate Park e-mail list! (Please neatly print entire e-mail address below)

E-mail: _____

The City of Gaithersburg is committed to making reasonable accommodations as required by the Americans with Disabilities Act. Requests must be made prior to the start of the program. Please indicated what accommodations are needed: _____

Amount Paid \$ _____ Cash ☐ Check # _____

Visa/MC# _____ Exp. Date ____/____

Signature (name on card) _____

Print Name _____

OFFICE USE ONLY:

Rec'd: _____ Initials _____

W P M F Resident: Y N

Pr: _____ Date: _____